

# EXHIBIT Q



**Minnesota Department of Corrections**

**Inspection and Enforcement Unit**

**Scott County Jail**

**Special Incident Report**

**Internal ID #:** 17149

**Incident Information**

**Facility Name:** Scott County Jail

**Status:** Closed

**Facility Administrator:** Scott Rettke

**Facility Telephone:** 952-496-8314

**Assigned To:** Jen Pfeifer

**Incident Date / Time:** 11/01/2020 19:20

**Received Date:** 11/01/2020

**DHS Report #:**

**Did the Incident occur in a Sex Offender Unit or Program?** No

**Incident Type**

**Attempted Suicide** The attempt to intentionally kill oneself and the attempt caused injury or could have resulted in serious injury or death if not detected.

**Summary** Inmate states he ate the contents 4 instant hot packs.

**Person Involved**

**Person Reporting Incident:** Colleen M Szabo

**Person In Charge During Incident:** Colleen M. Szabo

**Offender/Resident:** [REDACTED]

**Staff:**

Al Hameedi, Fahad ; Jamer, Zackary ; Szabo, Colleen

For support, please contact the Inspection and Enforcement Unit, Minnesota Department of Corrections at:  
1450 Energy Park Drive, Suite 200, St. Paul, MN 55108  
Telephone: 651-361-7146, Fax: 651-642-0314  
Email: ie-support.doc@state.mn.us



**Special Incident Report**

Internal ID #:

17149

**Death/Attempted Suicide Survey****PART A: PERSONAL CHARACTERISTICS**

**First Name:** [REDACTED] **Middle Name:** [REDACTED] **Last Name:** [REDACTED]  
**Birth Date:** [REDACTED] **Race/Ethnicity:** [REDACTED] **Age Classification:** Adult  
**Gender:** [REDACTED] **Marital Status:** [REDACTED]

Specify Charge(s) for resident at the time of the incident and whether resident was being detained or had been sentenced

**Charges**

609.24 Simple Robbery  
609.582.3 Burglary-3rd Deg-Steal/Commit Felony or Gross

At the time of the incident, was the resident under the influence of:

PART B: INCIDENT CHARACTERISTICS What were the method & instrument used?

**Method**

Overdose

1. Cause of Death
2. What was the time span between the incident and finding of this resident?
3. Was this resident isolated from other residents at the time of incident?
4. Were there any known previous suicide attempts by this resident?
5. Were there any indications of mental illness prior to the incident?
6. Explain these indications and method(s) by which they were identified
7. Was this person classified as vulnerable person under MN Statute?
8. When did the resident enter the facility?
9. What was the Resident Capacity of your facility at the time of the incident?
10. How many residents were in custody in the facility at the time of the incident?
11. How many employees were on duty in the facility at the time of the incident?

**Instrument**

Other (Specify) - Drink contents of instant hot packs

Inmate did not die

Less than 15 minutes

Yes Due to Covid subject is on quarantine (23/1)

[REDACTED]

[REDACTED]

[REDACTED]

10/18/2020 09:30

204

88

87

10

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**Special Incident Report**

Survey Completed By: Szabo

Title: Sergeant

Internal ID #: 17149

On: 11/02/2020

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**Special Incident Report****Last Logged Check****Date/Time:** 11/01/2020 19:10**Findings:** Checks within DOC standards**Review By Inspector****Review Date:** 11/03/2020**Review Closed On:** 11/09/2020**Facility's Internal Incident Reports Reviewed On:** 11/03/2020

11/03/2020

**Assigned To:** Jen Pfeifer**Facility Action Required:** No**Determination:** Substantiated (Adult)**Rule Violation:** Yes**Rule Violated:** Rule**Rule Text**

2911 - Part: 5000 - SubPart: 5  
 2911.5000. Subpart 5. Well-being. A facility shall have a system providing for well-being checks of inmates. A written policy and procedure shall provide that all inmates are personally observed by a custody staff person at least once every 30 minutes. Thirty-minute checks should be staggered. If a well-being check does not occur due to an emergency, it must be documented in the jail log and have supervisory review and approval. More frequent observation is required for those inmates of a special need classification who may be harmful to themselves. Examples of inmates of a special need classification include those classified as potentially suicidal, or as mentally ill, or those experiencing withdrawal from drugs or alcohol.

**Review Notes:**

Reviewed reports and at this time I am requesting the initial intake assessment.  
 Well being check was found out of compliance on 11-1-2020 1422-1447

**Follow up received on :****Facility must respond by:****Comments:****Follow Up Email:**

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**Internal ID #:** 17149  
 04/26/2023 10:06  
**WINBORN\_006310**



**Minnesota Department of Corrections  
Inspection and Enforcement Unit**

**Scott County Jail**

**Special Incident Report**

**Internal ID #:** 19883

**Incident Information**

<b>Facility Name:</b>	Scott County Jail	<b>Status:</b>	Closed
<b>Facility Administrator:</b>	Scott Retiske	<b>Facility Telephone:</b>	952-496-8314
<b>Assigned To:</b>	Jen Pfeifer	<b>Incident Date / Time:</b>	01/09/2022 08:00
<b>Received Date:</b>	01/13/2022	<b>DHS Report #:</b>	

**Did the Incident occur in a Sex Offender Unit or Program?** No

**Incident Type**

Serious Resident Illness  
Any resident illness that requires emergency or urgent medical care outside of the facility. This includes emergency mental health care.

**Summary**      Inmate was taking to the ER for abdominal pain.

**Person Involved**

**Person Reporting Incident:** Barbara Jean Winterfeldt

**Person In Charge During Incident:** Barbara Jean Winterfeldt

**Offender/Resident:** [REDACTED]

**Staff:**

Winterfeldt, Barbara Jean; Anschutz, Nicole ; Commodore, Tigra

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**Special Incident Report****Last Logged Check****Date/Time:** 01/09/2022 08:25**Findings:** Last check logged prior to leaving was done while she was getting ready for transport in booking.

Should also be noted, [REDACTED] was released from custody while at the hospital and did not return to the jail. No logs for 6 hours after incident.

**Review By Inspector**

<b>Review Date:</b>	01/13/2022	<b>Review Closed On:</b>	01/13/2022	<b>Facility's Internal Incident Reports Reviewed On:</b>	01/13/2022
<b>Assigned To:</b>	Jen Pfeifer	<b>Facility Action Required:</b>	No	<b>Determination:</b>	Substantiated (Adult)
<b>Rule Violation:</b>	Yes				

<b>Rule Violated:</b>	<b>Rule</b>	<b>Rule Text</b>
	2911 - Part: 5000 - SubPart: 5	2911.5000. Subpart 5. Well-being. A facility shall have a system providing for well-being checks of inmates. A written policy and procedure shall provide that all inmates are personally observed by a custody staff person at least once every 30 minutes. Thirty-minute checks should be staggered. If a well-being check does not occur due to an emergency, it must be documented in the jail log and have supervisory review and approval. More frequent observation is required for those inmates of a special need classification who may be harmful to themselves. Examples of inmates of a special need classification include those classified as potentially suicidal, or as mentally ill, or those experiencing withdrawal from drugs or alcohol.

**Review Notes:**

One well being check was found out of compliance. Will follow-up with the facility.

**Facility must respond by:****Follow up received on :**

Can you review video of this incident to verify whether or not this well-being check is really over an hour between checks or if it is a recording error? Please follow-up with me.

**Follow Up Email:**

BWInterfeldt@co.scott.mn.us

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 1450 Energy Park Drive, Suite 200, St. Paul, MN 55108  
 Telephone: 651-361-7746, Fax: 651-642-0314  
 Email: ie-support.doc@state.mn.us

**Internal ID #:** 19883

**Special Incident Report**

**Internal ID #:**

19883

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**Minnesota Department of Corrections  
Inspection and Enforcement Unit**

**Scott County Jail**

**Special Incident Report**

**Internal ID #:** 19940

**Incident Information**

<b>Facility Name:</b>	Scott County Jail	<b>Status:</b>	Closed
<b>Facility Administrator:</b>	Scott Rettko	<b>Facility Telephone:</b>	952-496-8314
<b>Assigned To:</b>	Jen Pfeifer	<b>Incident Date / Time:</b>	01/22/2022 13:10
<b>Received Date:</b>	01/23/2022	<b>DHS Report #:</b>	

**Did the Incident occur in a Sex Offender Unit or Program?** No

**Incident Type**

**Serious Resident Illness**  
Any resident illness that requires emergency or urgent medical care outside of the facility. This includes emergency mental health care.

**Summary**

Inmate was sent to the hospital for side pain.

**Person Involved**

**Person Reporting Incident:** Barbara Jean Winterfeldt

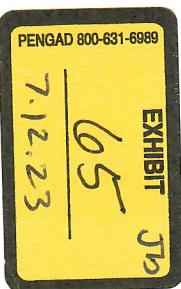
**Person In Charge During Incident:** Barbara Jean Winterfeldt

**Offender/Resident:** [REDACTED]

**Staff:**

Winterfeldt, Barbara Jean; Lentz, Ben ; Anschutz, Nicole

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**Special Incident Report****Last Logged Check****Date/Time:** 01/22/2022 13:41**Findings:**

Last check done at 1341, left for hospital at 1347.  
 Returned from hospital at 1830, next check done at 1850  
 -Gap in logged checks from 1737 to 1821. Confirmed with camera footage that checks were physically completed at 1712, 1741, 1758, 1822,  
 1840. BW279

**Review By Inspector**

<b>Review Date:</b>	01/29/2022	<b>Review Closed On:</b>	01/29/2022	<b>Facility's Internal Incident Reports Reviewed On:</b>	01/29/2022
<b>Assigned To:</b>	Jen Pfeifer	<b>Facility Action Required:</b>	No	<b>Determination:</b>	Substantiated (Adult)
<b>Rule Violation:</b>	No				
<b>Review Notes:</b>	There appears to be no violations at this time.				
<b>Facility must respond by:</b>					
<b>Comments:</b>					
<b>Follow Up Email:</b>					

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**Minnesota Department of Corrections  
Inspection and Enforcement Unit**

**Scott County Jail**

**Special Incident Report**

**Internal ID #:** 20812

**Incident Information**

<b>Facility Name:</b>	Scott County Jail	<b>Status:</b>	Closed
<b>Facility Administrator:</b>	Scott Rettke	<b>Facility Telephone:</b>	952-496-8314
<b>Assigned To:</b>	Jen Pfeifer	<b>Incident Date / Time:</b>	05/27/2022 13:58
<b>Received Date:</b>	05/29/2022	<b>DHS Report #:</b>	

**Did the Incident occur in a Sex Offender Unit or Program?** No

**Incident Type**

**Serious Resident Illness** Any resident illness that requires emergency or urgent medical care outside of the facility. This includes emergency mental health care.

**Summary**

Inmate was taken to the hospital for withdrawal symptoms.

**Person Involved**

**Person Reporting Incident:** Barbara Jean Winterfeldt

**Person In Charge During Incident:** Barbara Jean Winterfeldt

**Offender/Resident:** [REDACTED]

**Staff:** Perkins, Laura ; Cortes, Jennifer

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**Special Incident Report****Last Logged Check****Date/Time:** 05/27/2022 15:02**Findings:**

Code was called at 1358. [REDACTED] was moved from apod to booking between that time and the time she left for the hospital. Camera views show her being moved by wheel chair at 1413. Checks not logged from 1549-1634 on 5/26/22-camera views checked-checks were done at 1511, 1536, 1553, and 1621 Checks not logged from 1725-1803 on 5/28/22-camera views checked-checks were done at 1709, 1735, 1747, 2009

**Review By Inspector**

**Review Date:** 06/01/2022      **Review Closed On:** 06/01/2022      **Facility's Internal Incident Reports Reviewed On:** 06/01/2022  
**Assigned To:** Jen Pfeifer      **Facility Action Required:** Yes      **Determination:** Substantiated (Adult)

**Rule Violated:**

Rule	Rule Text
2911 - Part: 5000 - SubPart: 5	2911.5000. Subpart 5. Well-being. A facility shall have a system providing for well-being checks of inmates. A written policy and procedure shall provide that all inmates are personally observed by a custody staff person at least once every 30 minutes. Thirty-minute checks should be staggered. If a well-being check does not occur due to an emergency, it must be documented in the jail log and have supervisory review and approval. More frequent observation is required for those inmates of a special need classification who may be harmful to themselves. Examples of inmates of a special need classification include those classified as potentially suicidal, or as mentally ill, or those experiencing withdrawal from drugs or alcohol.

**Review Notes:**

Well-being checks were found to be out of compliance with the rule.

**Facility must respond by:****Follow up received on :****Comments:**

Well-being checks were found to be out of compliance with the 30 minute time frame allowed in the rule.

**Follow Up Email:**

BWinterfeldt@co.scott.mn.us

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**Special Incident Report**

**Internal ID #:** 20812

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